

# DELINEATION OF CLINICAL PRIVILEGES - CLINICAL PSYCHOLOGY

(For use of this form, see AR 40-68; the proponent agency is OTSG.)

1. NAME OF PROVIDER (Last, First, MI)

2. RANK/GRADE

3. FACILITY

## INSTRUCTIONS:

**PROVIDER:** Enter the appropriate provider code in the column marked "REQUESTED". Each category and/or individual privilege listed must be coded. For procedures listed, line through and initial any criteria/applications that do not apply. Your signature is required at the end of Section I. Once approved, any revisions or corrections to this list of privileges will require you to submit a new DA Form 5440.

**SUPERVISOR:** Review each category and/or individual privilege coded by the provider and enter the appropriate approval code in the column marked "APPROVED". This serves as your recommendation to the commander who is the approval authority. Your overall recommendation and signature are required in Section II of this form.

### PROVIDER CODES

- 1 - Fully competent to perform
- 2 - Modification requested (*Justification attached*)
- 3 - Supervision requested
- 4 - Not requested due to lack of expertise
- 5 - Not requested due to lack of facility support

### APPROVAL CODES

- 1 - Approved as fully competent
- 2 - Modification required (*Justification noted*)
- 3 - Supervision required
- 4 - Not approved, insufficient expertise
- 5 - Not approved, insufficient facility support

## SECTION I - CLINICAL PRIVILEGES

### Category I.

Practitioner has completed pre-doctoral internship, but has not yet completed degree requirements for Ph.D. or Psy.D. in clinical or counseling psychology. Graduate program and internship must meet requirements of DA Pam 611-21. Assists in performance of psychological and other services and works under the supervision of a licensed psychologist.

Requested	Approved	
		Category I clinical privileges

### Category II. Includes Category I.

Practitioner has Ph.D. or Psy.D. in clinical or counseling psychology, but is not yet licensed. Graduate program and internship must meet requirements of DA Pam 611-21. Provides full range of psychological services as qualified to deliver by virtue of training. Participates in team delivery of services, research and teaching. Receives licensure-qualifying supervision from licensed psychologist.

Requested	Approved	
		Category II clinical privileges

### Category III. Includes Categories I and II.

Practitioner has Ph.D. or Psy.D. in clinical or counseling psychology and is licensed. Graduate program and internship must meet requirements of DA Pam 611-21. Recognized as possessing high level of skill in psychological assessment, intervention, and administration of services. Delivers psychological services to individuals and treatment teams. May be appointed supervising psychologist for Category I and II.

Requested	Approved	
		Category III clinical privileges

### Category IV. Includes Categories I, II and III.

Practitioner has Ph.D. or Psy.D. in clinical or counseling psychology and is licensed and ABPP board certified. Graduate program and internship must meet requirements of DA Pam 611-21. Recognized as possessing the highest level of skill in psychological assessment, intervention, and administration. May be appointed as supervising psychologist for Category I and II.

Requested	Approved	
		Category IV clinical privileges

## PRIVILEGES REQUESTED

### Psychological Assessment and Diagnosis

Requested	Approved		Requested	Approved	
		a. Child			d. Neuropsychological
		b. Adult			e. Substance abuse
		c. Forensic			

### Outpatient Therapy Services

Requested	Approved		Requested	Approved	
		a. Individual			g. Geriatric
		b. Group			h. Crisis intervention
		c. Marital			i. Sexual dysfunction
		d. Family			j. Substance abuse
		e. Child			k. Sexual offender ( <i>pedophilia, incest, sexual assault</i> )
		f. Adolescent			

### Health Psychology Services

Requested	Approved		Requested	Approved	
		a. Clinical hypnosis			
		b. Biofeedback			
		c. Psychological interventions in medical setting			

### Inpatient Psychological Services

Requested	Approved		Requested	Approved	
		a. Inpatient admission			e. Alcohol/drug residential treatment
		b. Inpatient treatment and consultation			
		c. Inpatient discharge consultation			
		d. Assists in inpatient management of mental disorders			

### Consultation

Requested	Approved		Requested	Approved	
		a. Command			e. School
		b. Command-directed referral/evaluation			
		c. Community organizations			
		d. Medical/surgical			

### Other Specified Services

Requested	Approved		Requested	Approved	
		a. Disaster relief			e. Combat stress control
		b. Personnel assessment and selection			f. Behavioral research
		c. SERE psychology-qualified*			
		d. Aeromedical psychology			

\*NOTE: SERE psychology qualification requires additional credentialing requirements by the DoD/Joint Personnel Recovery Agency

COMMENTS

SIGNATURE OF PROVIDER

DATE (YYYYMMDD)

### SECTION II - SUPERVISOR'S RECOMMENDATION

Approval as requested ☐

Approval with Modifications (Specify below) ☐

Disapproval (Specify below) ☐

COMMENTS

DEPARTMENT/SERVICE CHIEF (Typed name and title)

SIGNATURE

DATE (YYYYMMDD)

### SECTION III - CREDENTIALS COMMITTEE RECOMMENDATION

Approval as requested ☐

Approval with Modifications (Specify below) ☐

Disapproval (Specify below) ☐

COMMENTS

CREDENTIALS COMMITTEE CHAIRPERSON (Name and rank)

SIGNATURE

DATE (YYYYMMDD)